

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 0480/001216
	In re Application of Rosenberg et al.	
	Application Number 09/787,079	Filed 03/07/2001
	For Method and device for producing tablets	
	Art Unit 1791	Examiner Huson
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account No. 14-1437.</p> <p><input type="checkbox"/> Applicants hereby petition for a <u>2</u> month extension of time under 37 C.F.R. §1.136. <input checked="" type="checkbox"/> The requisite fee of \$ 490.00 is paid by credit card.</p>		
<p>I am the</p> <p><input type="checkbox"/> applicant /inventor. /S. Peter Konzel/ Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) S. Peter Konzel Typed or printed name</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number 53,152 202-659-0100 Telephone number</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. December 29, 2008 Date</p>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*</p>		
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>		